

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

BRIGHAM CITY NURSING & REHAB  
775 NORTH 200 EAST  
BRIGHAM CITY UT 84302  
STATE'S REGION CODE: 001

PROVIDER #: 465093  
PHONE NUMBER: (435) 723-7777  
PARTICIPATION DATE: 08/01/1984  
CERTIFIED: 84

TYPE ACTION: RECERTIFICATION  
TOTAL: 84  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 12/18/2002

TOTAL: 55  
MEDICARE: 7  
MEDICAID: 36  
OTHER: 12

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 84

18 18/19 19 ICF/MR  
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84

CURRENT SURVEY REVISIT DATES - 02/03/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
04/2000		02/2001		02/2002		12/18/2002			
						X C	D	01/16/2003	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	D	01/16/2003	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	E						REQ F0241-DIGNITY
		X	G						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	G	X	D						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	D	02/03/2003	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	D	02/03/2003	REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
				X	E				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	D								REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	85 NEW SURVEY	PRIOR 2 SURVEY	85 NEW SURVEY	PRIOR 1 SURVEY	85 NEW CURRENT SURVEY	PLAN/DATE OF CORRECTION
04/2000	02/2001	02/2002	12/19/2002			
X						
			X C			01/17/2003
X		X				
			X C			01/17/2003
		X				
X	X					
	X					
			X C			01/16/2003
			X C			01/16/2003
X		X				

LSC DEFICIENCIES - BLDG NO. 01

K0015-INTERIOR FINISH - ROOMS  
K0018-CORRIDOR DOORS  
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0033-EXIT PARTITIONS  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0064-PORTABLE FIRE EXTINGUISHERS  
K0072-FURNISHING AND DECORATIONS  
K0073-FLAMMABLE FURNISHINGS  
K0074-COMBUSTIBLE CURTAINS  
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	1	5	2
HEALTH TOTAL	4	1	5	2
LIFE SAFETY CODE	4	3	2	4
LIFE SAFETY CODE + HEALTH	8	4	7	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
11/01/2000	SUBSTANTIATED
02/28/2001	SUBSTANTIATED
01/31/2002	UNSUBSTANTIATED
03/17/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY